

**CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

TAJI ABDULLAH-086416  
Full Name of Plaintiff Inmate Number

v.

GREGORY C. BRIGGS  
Name of Defendant 1

BRUCE LEVALLEY  
Name of Defendant 2

LATONYA RAY  
Name of Defendant 3

LIONEL PIERRE  
Name of Defendant 4

PRIME CARE MEDICAL, INC.  
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial  
☐ No Jury Trial Demand

**FILED**  
HARRISBURG, PA

FEB 06 2024

PER [Signature]  
DEPUTY CLERK

**I. NATURE OF COMPLAINT**

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)  
☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)  
☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Abdullah Taji A

Name (Last, First, MI)

086416

Inmate Number

DAUPHIN COUNTY PRISON

Place of Confinement

501 MALL ROAD

Address

HARRISBURG, PA 17111 - DAUPHIN COUNTY

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Briggs Gregory

Name (Last, First)

WARDEN DAUPHIN COUNTY PRISON

Current Job Title

501 MALL ROAD

Current Work Address

HARRISBURG, PA 17111 - DAUPHIN COUNTY

City, County, State, Zip Code

Defendant 2:

BRUCE LEVALLEY

Name (Last, First)

DEPUTY WARDEN, DAUPHIN COUNTY PRISON

Current Job Title

501 MALL ROAD

Current Work Address

HARRISBURG, PA 17111 - DAUPHIN COUNTY

City, County, State, Zip Code

Defendant 3:

LATONYA RAY

Name (Last, First)

DEPUTY WARDEN OF TREATMENT, DAUPHIN COUNTY PRISON

Current Job Title

DAUPHIN COUNTY PRISON, 501 MALL ROAD

Current Work Address

HARRISBURG, PA 17111 - DAUPHIN COUNTY

City, County, State, Zip Code

Defendant 4:

LIONEL PIERRE

Name (Last, First)

DEPUTY WARDEN, DAUPHIN COUNTY PRISON

Current Job Title

DAUPHIN COUNTY PRISON, 501 MALL ROAD

Current Work Address

HARRISBURG, PA 17111

City, County, State, Zip Code

Defendant 5:

PRIME CARE MEDICAL INC. -

Name (Last, First)

MEDICAL DEPARTMENT, DAUPHIN COUNTY PRISON

Current Job Title

DAUPHIN COUNTY PRISON, 501 MALL ROAD

Current Work Address

HARRISBURG, PA 17111

City, County, State, Zip Code



### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose. On Tuesday February 14, 2023, while housed on B-Block in cell 2-13 the top bunk detached from the wall and collapsed under my cellmate's weight. The full weight of my cellmate and the bunk crashed upon my head causing me to be knocked unconscious. My cellmate requested the block C.O. Bodo to call a medical emergency. The block C.O. refused to call medical and left me in the cell unconscious. I awoke to severe head, neck, and spine problems. I went to medical the following day and was refused an outside specialist/MRI/CAT scan. I only received a Teterol shot. I still have recognizable pain from the injuries sustained and the institution has not provided me physical therapy or remedy.

B. On what date did the events giving rise to your claim(s) occur? On Tuesday February 14, 2023, I was injured on B-Block by the top bunk my cellmate was resting on detaching from the wall and the full weight crashing upon me. On 2/15/23 I asked the Medical Dept. to schedule me for an outside specialist, MRI, & CAT scan. Medical Denied me relief. On 2/15/23 I filed an Institutional Grievance challenging the denial of treatment by a specialist. The Grievance was Denied on 3/24/23 I filed a Grievance Appeal with the Warden. The Appeal was Denied and still I am to date still being denied medical care.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

- A) The Dauphin County Prison staff failed to maintain the functionality and operability of its issued equipment, via; maintenance, inspection, and service.
- B) The Plaintiff suffered permanent damage to his head, neck, and back/spine, on 2/14/23, due to defective equipment manditorily issued by the D.C.P. staff Defendants.
- C) On 2/14/23, after being injured and knocked unconscious by defective equipment, C.O. Bodo (block Correctional Officer), refused to call a medical emergency or to call for medical assistance to treat my injuries.
- D) On 2/15/23, Defendant Prime Care Medical Inc., refused me the services of an outside specialist to perform tests, obtain a CAT scan/MRI, and to properly evaluate the permanent injuries I have as a result of the top bunk collapsing.
- E) On an unlisted date, Prime Care Medical Inc. administered an ineffective Teterol shot, although I requested the services of an outside specialist, with the intent to conceal the injuries I sustained.
- F) I filed multiple Grievance and Grievance Appeals with all levels of D.C.P. staff requesting the medical services of an outside specialist. All of the pleas for relief were denied by institutional staff Defendants at all levels.
- G) To date I have cronic migraines, neck pain, neck stiffness, neck immobility, blurred vision, back pain, back stiffness, spinal discomfort, etc.; and I am still continuously denied proper Medical treatment to date.
- H) The range of motion of my neck and back membranes (parts) have been permanently affected by the injuries sustained and the Denial of Access to proper Medical treatment.
- I) The D.C.P. Defendants fail to implement effective training policy and protocol to address the institutions unsafe environments, hazards, and out-dated equipment.
- J) The D.C.P. Defendants fail to implement effective training policy and protocol to address its Correctional Officers' inexperience with medical problems; and the C.O.s' deliberate indifference to inmates care and protective custody.



#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1) Eighth (8<sup>th</sup>) Amendment of the U.S. Constitution Violation - Deliberate Indifference - The listed Defendants, with negligence and malice, intentionally Denied the Plaintiff adequate medical care to treat significant injuries.

2) Eighth (8<sup>th</sup>) Amendment of the U.S. Constitution Violation - Medical Malpractice - The Defendant, Prime Care Medical Inc., with negligence and malice, intentionally and incompetently refused the Plaintiff the services of an independent specialist to examine his decapitating/debilitating injuries to create a care plan..

Additionally, failing to refrain from ineffective treatment options intended to prevent the Plaintiff from asserting/recognizing the seriousness of his injury and the long-term complications associated with the injuries.

3) Fourteenth (14<sup>th</sup>) Amendment Violation - Negligence and Due Process - The listed Defendants, with negligence and malice, intentionally acted so negligently by conducting partial medical exams, grievance review proceedings, and in making decisions on appropriate actions to be implemented to remedy the Plaintiff's pain and suffering caused by injuries related to defective institutional equipment, where the adverse actions by the D.C.P. Defendants constitutes a conspiracy to intimidate and discourage the Plaintiff from seeking Medical redress, and/or to outright deny him his rights to petition for proper relief.

4) First (1<sup>st</sup>) Amendment of the U.S. Constitution Violation - The listed Defendants, with the intention of harassing and demoralizing the Plaintiff, hindered his ability to petition for redress of Grievance, via the purposeful destruction of all the Plaintiff's legal mail, the forfeiture of all the Plaintiff's writing materials, extreme oppressive conditions in the RHU, and the ignoring of requests for grievances to challenge the abusive conditions.

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Permanent loss of feeling and mobility in the neck and spine. Permanent migraines. Lightheadedness, anxiety, and chronic pain in head and spine. Depression and fear. Humiliation and harassment. Tort damage. Emotional damage. Psychological damage. Deprivation of listed Constitutional rights. Deprivation of access to meaningful medical care.

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

1) Relief in the form of an injunction Ordering the immediate scheduling of a medical appointment with an outside specialist to thoroughly evaluate the Plaintiff's injuries.

2) Relief in the form of an immediate Declaratory Judgement Ordering the D.C.P. Admin. to review, revise, and update its Prison regulations, policies, and Medical Dept. standards for emergencies/outside treatment.

3) Monetary relief in the Defendants individual and professional capacities for Tort damages and other damages.

4) Appointment of Counsel to meaningfully litigate this Civil Action.

5) Any and all relief deemed necessary to further the interest of justice.

## VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Taji Ahmed  
Signature of Plaintiff

1/31/24  
Date

NAME Taji Abdullah

D.C.P.# 086416

DAUPHIN COUNTY PRISON

501 MALL ROAD

HARRISBURG PA 17111-1299



FOREVER / USA



United States District Court  
middle District of Pennsylvania  
Sylvia H. Rambo U.S. Courthouse  
1501 North 6th St Suite 101  
Harrisburg, PA 17102

RECEIVED  
HARRISBURG, PA

FEB 06 2024

PER

[Signature]  
DEPUTY CLERK

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